PEDIATRICS

UNDER THE CHARGE OF

LOUIS STARR, M.D., AND THOMPSON S. WESTCOTT, M.D.,

OF PHILADELPHIA.

The Treatment of Scarlet Fever with Neo-salvarsan.—LOUIS FISCHER (*Archiv f. Pediatrics.*, 1913, xxx, 352) refers to the experiments in treating scarlet fever with intravenous injections of neosalvarsan. Some cases of this disease give a positive Wassermann reaction and this has led a number of investigators to try the above treatment. Lenzmann, Schreiber, and others describe advantages by this treatment which indicate that a decided antipyretic effect is soon noted after the injection, and that there is a decided exfoliation of the necrotic membranes with tendency toward convalescence and absence of fatal complications. Infants received 0.1 gram, older children, 0.2 or 0.3 gram by intravenous injections. Some children required three or four injections. Arsenic alone, as in Fowler's solution was given in scarlet fever without result. Neosalvarsan is readily dissolved in water, shaking is not necessary, and it is a much more simple preparation than salvarsan. Fischer used this treatment in five cases of scarlet fever, all of which were septic and with a fatal prognosis. The Wassermann reaction was negative in three, one probably positive, and one unreported. Injections were given intravenously, the jugular vein being the best selection for giving the remedy. The dose employed was 0.2 gram in 40 c.c. of plain sterile water. No reaction such as shock, acute febrile attack, or rash followed the injection. Three of the cases died, but showed the antipyretic effect of the neosalvarsan. One case improved, following the injection and recovered, the credit of this being frankly given to the effect of the drug. One case was prolonged and is still in the hospital, but with a grave prognosis. While too early to make definite statements as to this treatment, enough has been accomplished to merit an extensive trial of this drug in scarlet fever.

The Etiology of Measles.—JEROME S. LEOPOLD (*Archiv. of Pediatrics*, 1913, xxx, 356) gives a *resume* of the work so far done in determining the etiology of measles. Anderson and Goldberger have proved the presence of the infectious agent in the blood and in the nasal and buccal secretions. Injection of blood from a measles case into monkeys caused characteristic eruption with fever, coryza, bronchitis, and often pneumonia. The infectivity of the blood was greatest shortly before the eruption of measles appeared, lasted twenty-four hours, and rapidly diminished. Hektoen successfully reproduced the disease in adults by subcutaneous inoculation with blood taken from measles cases during the first thirty hours of the eruption. The former investigators also obtained positive results by applying secretions from the mouth and pharynx of measles cases to the mouth and pharynx of monkeys. All attempts to inoculate monkeys with epidermal scales of measles have failed. The virus is ultramicroscopic; desiccation is resisted for twenty-four hours, freezing resisted for twenty-five hours, and infectivity is destroyed by heating to 55° C. for fifteen minutes. All attempts to grow the virus are unsuccessful.

The Cause and Prevention of Adenoid Growths in Children.—H. E. Jordan —*Archiv. of Pediatrics*, 1913, xxx, 468) believes that the enlargement of tonsils and adenoid growth are the effect of a fundamental, controllable factor, and that the concomitant morbid symptoms are indirectly the result of the enlargement. Increased functional demand causes enlargement of the structures and this demand is caused by mouth-breathing, induced by chronic nasal colds in children. The solution, then, is to promote nose-breathing, which is largely a matter of preventing colds. The ultimate factor in the production of colds is the almost universal inattention to damp linen. Small children are allowed to go "wet" for hours, especially at night. The series of links are damp clothes, exposure, with evaporation and possibly chill; nasal cold with obstruction of the nostrils, mouth-breathing and hypertrophy of lymphoid tissue. Mothers should be more carefully instructed in keeping children dry, and means should be devised to make this condition easier to regulate.

OBSTETRICS

UNDER THE CHARGE OF

EDWARD P. DAVIS, A.M., M.D.,

PROFESSOR OF OBSTETRICS IN THE JEFFERSON MEDICAL COLLEGE, PHILADELPHIA.

Hebostiotomy.—Kriwsky (*Monatschr. f. Gebürts. u. Gynäk.*, 1913, xxxvii, No. 4) reports the case of a patient whose first labor was successfully terminated by forceps. In the second labor the child was stillborn; in the third labor a living child was obtained by forceps; and in the fourth labor hebostiotomy by Döderlein's method was done, and an unusually large and well developed child was delivered by forceps. This child died at four months. The pelvis had been enlarged by the previous operation, but hebostiotomy was repeated upon the right side, and a large living child was again delivered by forceps. This child died two years afterward. Eight months after the second operation the x-rays revealed the fact that but partial formation of bony tissue had occurred. The patient again came under observation when eight months pregnant, came into labor, and was delivered by Cesarean section, followed by sterilization. Both mother and child made a good recovery. Kriwsky has collected a considerable number of reported cases, showing 76 spontaneous births after hebostiotomy, 26 repeated operations, and 15 cases in which Cesarean section was substituted. He believes that the operation has a place in obstetric procedures, and that the true conjugate should be not less than 7